

APPLICATION FOR FEDERAL ASSISTANCE- Short Organizational				Version 1	
1. *NAME OF FEDERAL AGENCY			3. DATE RECEIVED		
			SYSTEM USE ONLY		
2. *CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: □□-□□□ CFDA TITLE:			4. *FUNDING OPPORTUNITY NUMBER: TITLE:		
5. APPLICANT INFORMATION					
a. *Legal name:			c. Web Address: http://		
b. Address					
*Street1:			d. *Type of Applicant: Select Applicant Type Code(s):		
Street 2:			e. *Employer/Taxpayer Identification Number (EIN/TIN): □□□□□□□□		
*City:	County:		f. *Organizational DUNS: □□□□□□□□-□□□□		
*State:	Province:		g. *Congressional District of Applicant: □□-□□□		
*Country	*Zip/Postal Code				
6. PROJECT INFORMATION					
a. *Project Title:			c. *Proposed Project		
			Start Date:		End Date:
b. *Project Description:					
7. PROJECT DIRECTOR					
				SSN:	
*Prefix:	*First Name:		Middle Name:		
*Last Name:		Suffix:	*Title:		
Email:			*Telephone Number:		Fax Number:
*Street 1:			Street 2:		
*City:			County:		
*State:			Province:		
*Country:			*Zip/Postal Code		
8. PRIMARY CONTACT/ GRANTS ADMINISTRATOR					
<input type="checkbox"/> Same as Project Director (skip to item 9)				SSN:	
*Prefix:	*First Name:		Middle Name:		
*Last Name:		Suffix:	*Title:		
Email:			*Telephone Number:		Fax Number:
*Street 1:			Street 2:		
*City:			County:		
*State:			Province:		
*Country:			*Zip/Postal Code		

9. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ☐ ** I AGREE

**The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

AUTHORIZED REPRESENTATIVE

Prefix:	*First Name:	Middle Name:	
*Last Name:		Suffix:	Title:
*Email:		*Telephone Number:	Fax Number:
*Signature of Authorized Representative			*Date Signed

Previous Edition Usable

Standard Form 424 (Rev. x-xx)

Authorized for Local Reproduction

Prescribed by OMB Circular A-102

INSTRUCTIONS FOR THE SF-424S

Public reporting burden for this collection of information is estimated to average **TBD** minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, **to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.**

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific instructions.

Item		Item																											
1.	Name of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.																												
2.	Catalog of Federal Domestic Assistance (CFDA) Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested with this application, as found in the program announcement, if applicable.																												
3.	Date Received: Leave this field blank. This date will be used by the Federal Agency.																												
4.	Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.																												
5.	Applicant Information: Enter the following in accordance with agency instructions: a. Legal Name: (Required) Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website. b. Address: Enter the complete address as follows: Street address or P.O. Box (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US). c. Web Address: Enter the website address or uniform record locator (URL) of the applicant organization. d. Employer/Taxpayer Identification Number (EIN/TIN): (Required) Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444 e. Organizational DUNS: (Required) Enter the organization's 9 or 13 digit DUNS number received from Dun and Bradstreet. Information on registering with CCR may be obtained by visiting the Grants.gov website. f. Type of Applicant: Select Applicant Type Code(s): (Required) Select up to three applicant type(s) in accordance with agency instructions. <table border="0"> <tr> <td>A. State Government</td><td>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</td></tr> <tr> <td>B. County Government</td><td>O. Private Institution of Higher Education</td></tr> <tr> <td>C. City or Township Government</td><td>P. Individual</td></tr> <tr> <td>D. Special District Government</td><td>Q. For-Profit Organization (Other than Small Business)</td></tr> <tr> <td>E. Regional Organization</td><td>R. Small Business</td></tr> <tr> <td>F. U.S. Territory or Possession</td><td>S. Hispanic-serving Institution</td></tr> <tr> <td>G. Independent School District</td><td>T. Historically Black Colleges and Universities (HBCUs)</td></tr> <tr> <td>H. Public/ State Controlled Institution of Higher Education</td><td>U. Tribally Controlled Colleges and Universities (TCCUs)</td></tr> <tr> <td>I. Indian/ Native American Tribal Government (Federally Recognized)</td><td>V. Alaska Native and Native Hawaiian Serving Institutions</td></tr> <tr> <td>J. Indian/ Native American Tribal Government (Other than Federally Recognized)</td><td>W. Non-domestic (non-US) Entity</td></tr> <tr> <td>K. Indian/ Native American Tribally Designated Organization</td><td>X. Other (specify)</td></tr> <tr> <td>L. Public/ Indian Housing Authority</td><td></td></tr> <tr> <td>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</td><td></td></tr> </table>	A. State Government	N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)	B. County Government	O. Private Institution of Higher Education	C. City or Township Government	P. Individual	D. Special District Government	Q. For-Profit Organization (Other than Small Business)	E. Regional Organization	R. Small Business	F. U.S. Territory or Possession	S. Hispanic-serving Institution	G. Independent School District	T. Historically Black Colleges and Universities (HBCUs)	H. Public/ State Controlled Institution of Higher Education	U. Tribally Controlled Colleges and Universities (TCCUs)	I. Indian/ Native American Tribal Government (Federally Recognized)	V. Alaska Native and Native Hawaiian Serving Institutions	J. Indian/ Native American Tribal Government (Other than Federally Recognized)	W. Non-domestic (non-US) Entity	K. Indian/ Native American Tribally Designated Organization	X. Other (specify)	L. Public/ Indian Housing Authority		M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)			g. Congressional District of Applicant: (Required): Enter the applicant's Congressional District. Enter in the format: 2 characters State Abbreviation- 2-3 characters District Number, e.g., CA-12 for California 12 th district, NC-103 for North Carolina's 103 rd districts. <ul style="list-style-type: none"> If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. If nationwide, i.e. all districts within all states are affected, enter US-all. <p>Congressional District information may be obtained by visiting the Grants.gov website.</p>
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		6.	Project Information: Enter the following in accordance with agency instructions: a. *Project Title: (Required) Enter a descriptive title of the project. b. *Project Description: (Required) Enter a brief description of the project. c. Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.																										
		7.	Project Director: Enter the 9-digit Social Security number, name (First and last name required), title (Required), email, telephone number (Required) and fax number of the project director. Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).																										
		8.	Primary Contact/ Grants Administrator: Enter the 9-digit Social Security number, name (First and last name required), title (Required), email, telephone number and fax number of the person to contact on matters related to this application. Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US). <p>Enter X if this person is also the project director and skip to Item 9. If Primary Contact/Grants Administrator is same as Authorizing Official, please complete both 8 and 9.</p>																										
		9.	Authorizing Official: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required), title (Required), telephone number (Required), fax number and email address (Required) of the person authorized to sign for the applicant. <p>A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application).</p> <p>Signature of Authorized Representative completed upon submission to Grants.gov.</p>																										